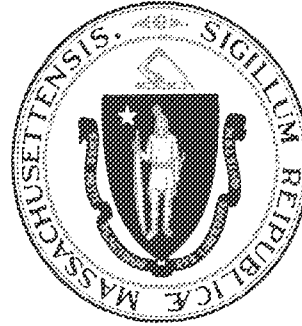


## PROJECT SAFE NEIGHBORHOODS



		Federal Share	Match Share	Total
A	Personnel	-	-	-
B	Fringe	-	-	-
C	Indirect	-	-	-
D	Consultants	-	-	-
D	Contracts	-	-	-
E	Travel	-	-	-
F	Equipment	-	-	-
G	Supplies	-	-	-
H	Other	-	-	-
	Totals:	-	-	-

Applicant Organization: \_\_\_\_\_

**Executive Office of Public Safety**  
**Project Safe Neighborhoods Grant Program**  
**Budget Worksheet**

*Budget Breakdown*

**A. Personnel**—List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project.

Name/Position	Annual Salary	Percent Charged to Program	Brief Narrative	Cost
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
			Total:	-

**B. Fringe Benefits**—Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in budget category A and

Name/Position	Annual Salary	Percent Charged to Program	Fringe Rate	Cost
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
			Total:	-

**C. Indirect Costs**—Indirect costs are allowable only if the applicant has a Federally negotiated and approved indirect cost rate. A copy of the rate approval, (a fully

Name/Position/Contractor/Consultant	Salary to Program	Indirect Rate	Cost
			-
			-
			-

				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
			Total:	-

**Consultants**—For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on the project. Consultant fees in

**Contracts**—Provide a description of the product or services to be procured by contract and an estimate of the cost. Applicants should use a competitive process for

**E. Travel**—Travel costs (lodging, airfare, meal reimbursement) associated with the PSN grant must be in accordance with either the federal or an organizationally-approved

**F. Equipment**—List non-expendable items that are to be purchased. (Note: Organization's own capitalization policy for classification of equipment should be used).

Item	Quantity	Per Unit Cost	Brief Narrative	Cost
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
			Total:	-

**G. Supplies**—List items by type (office supplies, postage, training materials, copying paper, and other expendable items such as books, hand held tape recorders) and show

[illegible]

**H. Other**—List items (e.g., rent, reproduction, telephone, janitorial services) by major type and the basis of the computation. For example, provide the square footage and the

[illegible]

TOTAL:	-
--------	---